| FAIENT | Effective October 1, 2000 | | | | | | | | | | |
|--|---|--------------|-------------------------------|-----------------------|------------------|-------|------------|------------------------|-----------------|------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER T TYPE OR SMALL EN | | | | | | | | | | | |
| TOTAL CLAIMS | | 20 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | 20 minus 20= | | • / | | | X\$ 9= | | OR | X\$18= | |
| NDEPENDENT CLAIMS | | 2 minus 3 = | | • / | | | X40= | • | OR | X80= | |
| MULTIPLE DEPE | RESENT | | | | | +135= | .47 | OR | +270= | / | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 710 |
| | LAIMS AS A | MENDED | - PAR | T II | | | | | . | OTHER | THAN.: |
| | (Column 1) | | (Colur | nn 2) | (Column 3) | | SMALL | NTITY | OR | SMALL | |
| Total Total | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | ^ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | (33) | Minus | 200 | 0 | = 2 | | X\$ 9= | | OR | X\$18= | 360 |
| Independent | • 1 | Minus | *** | 3 | = / | | X40=- | | OR | X80 | 860 |
| HAST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| | +04c | 12. 44. c/ | FUL. | E.S. |) | | TOTAL | | | TOTAL | THE STATE OF |
| | (Column 1) | 4 | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | , , | | ADDIT. FEE | 100 |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI PAID | IEST IBER OUSLY | PRESENT EXTRA | | RATE , | ADDI- TIONAL FEE | * | RATE | ADDI: TIONAL FEE |
| | | Minus | ** | | s . | 1 | X\$ 9= | • | OR | X\$18= | |
| independent | | Minus | *** | | = . | | X40= | | OR | X80= | |
| FIRST PRES | ENTATION OF M | ULTIPLE DEI | PENDENT | CLAIM | | J | +135= | | OR | +270= | |
| | | | | | | | TOTAL | | 1 | TOTAL | |
| | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | • | J | ADDIT. FEE | |
| Total Independent | (Column 1) CLAIMS REMAINING ĀFTER AMENDMENT | | HIGH NUM PREVI | | PRESENT | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | | Minus | ** | | 8 | 1 | X\$ 9= | | OR | X\$18= | .7 |
| Independent | | Minus | *** | | | | X40= | | OR | X80= | |
| FIRST PRES | ENTATION OF N | MULTIPLE DE | PENDEN | T CLAIM | | | | | 1 ^{Un} | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. I ADDIT. FEE

OH

OR

ADDIT. I ADDIT. FEE

OH

OR

ADDIT. I ADDIT. FEE

OH

OR

ADDIT. I ADIT. I ADDIT. OR ADDIT. FEE

+270-

TOTAL

Application or Docket Number